
**Category 2 and/or Category 3
Grant Modification Request**

(Forward letter and appropriate table to DOC. Allow eight (8) weeks for processing.)

SAMPLE REQUEST LETTER AND FORMS

(Type letter on Grantee letterhead. Please complete appropriate table found on remaining pages of this form.)

January 1, 2001

Grants Management Office
Community Development Division
Indiana Department of Commerce
One North Capitol, Suite 600
Indianapolis, Indiana 46204-2288

Re: Grant Number:

To Whom It May Concern:

The purpose of this letter is to request that the State of Indiana, acting by and through the Indiana Department of Commerce, allow a change in objectives and/or a reallocation of funds between approved activities. This change will increase or decrease the original scope by more than ten percent (10%). The specific details of the request are found on the attached table.

It is agreed that all other provisions and certification of said contract shall remain in full force and effect.

Sincerely,

Name
Chief Elected Official

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Budget Modification

(Reallocation of Funds or Change in Line Item in Excess of 10%)

Grantee:		Grant Number:	
Project:		Approved Grant Amount:	
Modification Number:		Date:	
Activity	Description	Original Approved Amount	Requested Amount
Justification for Modification			

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Job Creation Goal Modification
 (Change in Goal in Excess of 10%)

Grantee:		Grant Number:	
Project:		Approved Grant Amount:	
Modification Number:		Date:	
Activity	Description	Original Goal	Requested Goal
Justification for Modification			

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Day Care Goal Modification
(Change in Goal in Excess of 10%)

Grantee:		Grant Number:	
Project:		Approved Grant Amount:	
Modification Number:		Date:	
Activity	Description	Original Goal	Requested Goal
Justification for Modification			

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Housing Goal Modification
(Change in Goal in Excess of 10%)

Grantee:		Grant Number:	
Project:		Approved Grant Amount:	
Modification Number:		Date:	
Activity	Description	Original Goal	Requested Goal
Justification for Modification			